

Guidelines for Writing a Hazardous Waste Health Profile

The completed health profile should take the form of a scientific paper. This type of paper is composed of four distinctive parts--Introduction, Methods, Results, and Discussion. The following outline describes what is expected in each of these four parts and is to be used as a guide in writing the text of the profile.

I. Introduction--states the purpose of the health profile

- A. Health profiles are required by RSMo 260.395.7.(5). as part of the hazardous waste permit required by the Department of Natural Resources.
- B. The purpose of the profile is to outline and identify the substances that will be routinely handled (treated, disposed, etc.) at the facility and the human health effects associated with exposure to these substances so that changes in these specific health effects can be monitored over time.
- C. Identify the three geographic areas of data that will be examined (the state, the county(ies) the facility is located in, and the selected zip-codes which represent the population at risk) and the purpose of the three geographic areas (to compare the health status of the population at risk with that of the county and state).

II. Methods--includes information that aids the reviewers in understanding how certain items in the profile were derived

- A. Enclose a map which identifies the location of the site in relation to street, zip-code boundaries, and county boundaries (topographical and political maps, for example, are also helpful in determining wind direction and influence, the location of the population at risk, and local topographical conditions that may affect exposure).
- B. A windrose diagram must also be enclosed. This diagram aids in determining the population at risk and must be from a point near the site. For example, if the site was in Barton county, the wind directions and speed charted would more closely represent the site if it came from Joplin or Nevada rather than Kansas City.
- C. The rationale behind the choosing of the selected zip-codes.
- D. A listing of the various substances that will be routinely handled at the facility, their health effects and their specific ICD-9 codes (International Classification of Diseases--Ninth Edition), and any references used to justify the selection of the health effects.
- E. Any formulas that were used in the profile to calculate additional rates or statistical tests, other than those used by the Missouri Department of Health.

III. Results--includes the data provided and any summary tables

- A. The tables that are provided by the Missouri Department of Health are to be labeled (ie., birth, death, hospital discharge, and malformation data).**
- B. Summarize in narrative form the rates of diseases or conditions that are significantly high for the selected zip-code area compared with rates of both state and county(ies).**
- C. The results of any additional calculations that may be performed.**

IV. Discussion--show relationships among observed facts

- A. The data in the tables should be clearly and concisely discussed and interpreted.**
- B. Any significantly high rate for the site must be noted and possible reasons for the high rate need to be discussed.**
- C. Compare and contrast the findings between two different data sets that deal with the same type of event. For example, are cancer rates on hospital discharge consistent with cancer death rates.**
- D. The quality of data issues need to be addressed. For example, is the data presented in the tables representative of the true population at risk, or is there a chance that the data contains errors--such as in the diagnosis of diseases or causes of deaths.**
- E. Do not repeat the data shown in the Results section. Instead, present the relationships and generalizations shown by the data.**



3. All hazardous wastes accepted for disposal shall be listed in the permit application in accordance with 40 CFR 270.13(j) as incorporated by reference in 10 CSR 25-7.270. In addition, departmental approval of individual waste streams may be required prior to allowing the disposal of the waste streams in the landfill.

4. Wastes having a true vapor pressure greater than seventy-eight millimeters of mercury (78 mm Hg) at twenty-five degrees Celsius (25°C) are volatile wastes and shall not be landfilled.

(O) Incinerators. This subsection sets forth standards which modify or add to those requirements in 40 CFR Part 264 Subpart O.

1. Sampling methods to determine compliance with 40 CFR 264.343 incorporated in this rule will be specified by the department in the permit and shall consist of any of the following methods:

A. The methods described in the *Engineering Handbook for Hazardous Waste Incineration*, SW-889, by the United States EPA or equivalent; or

B. The methods specified in 40 CFR Part 60 Appendix A (July 1, 1989). For facilities subject to paragraph (2)(O)2. of this rule, the methods referenced in this paragraph shall be used exclusively to determine compliance with the emission limitations required in this subsection.

2. The provisions of 40 CFR Part 60 Subpart E, July 1, 1989 shall apply and are incorporated by reference as part of this rule. An owner/operator of a hazardous waste incinerator which is regulated under the New Source Performance Standards in that subpart shall comply with the provisions in addition to complying with all other applicable provisions in this rule.

3. Where emission limitations found in both paragraph (2)(O)2. of this rule and in another provision of this rule are applicable to a hazardous waste incinerator, the more stringent shall control.

(P) Health Profiles.

1. An owner/operator shall submit a health profile, as required by section 260.395.7(5), RSMo, with the application for a hazardous waste treatment or disposal facility. A health profile shall include efforts to identify any and all serious illnesses, the rate of which exceeds the state average for the illnesses, which might be attributable to environmental contamination. A serious illness is one which may cause or significantly contribute to an increase in mortality or an increase in reversible or irreversible incapacitating effects on the health of humans. An owner/operator shall consult the Missouri Department of Health regarding appropriate

factors to be included in the profile prior to initiating the health profile.

A. The health profile shall address five (5) main sources of data as listed and shall take into consideration—

(I) The population density around the site, as indicated by the most current census data;

(II) Mortality, as indicated by death certificate information;

(III) Incidence, as indicated by the *State Cancer Registry*;

(IV) Natality, as indicated by fetal death and birth certificate information; and

(V) Morbidity, as indicated by hospital discharge information.

B. The Division of Workers' Compensation shall be consulted for a description of the routes of occupational exposure and the occupational health effects on workers at like facilities.

C. Conditions reflecting routes of exposure shall be included in the report for all hazardous wastes to be treated or disposed of at the facility.

D. The discussion of measurements of health characteristics shall focus on comparisons between state, county and site-specific rates.

E. Site-specific rates shall include a geographic area of an approximate three to five (3–5) mile radius around the site. Geographic areas of larger or smaller size may be used, where approved by the department, and shall reflect the risks on a representative population. Only Missouri data is required for any site where the three to five (3–5) mile radius extends into another state.

(I) For incinerators, special consideration shall be given to wind roses for each season with distinct meteorological conditions. In addition, calculated effluent plume paths, including areas of maximum impact and width and length of plume at ground level, should be presented.

(II) After analysis of the data required in this section, modification of the site-specific geographic area from which disease rates will be computed may be necessary with respect to the previously mentioned three to five (3–5) mile radius around the site.

F. A minimum of five (5) years' data shall be required for a statistical analysis and averaging of rate computations. Qualitative technical difficulties in data resulting in time periods of less than five (5) years shall be fully explained and justified in the text of the report.

2. This paragraph sets forth requirements which shall be met subsequent to the initial application.

A. A health profile shall be part of each request for permit renewal.

B. Additional epidemiological investigations may be required when the rate of any illness in the area described in subparagraph (2)(P)1.E. of this rule exceeds the state average for that illness.

(Q) Treatment Facilities. (Reserved)

(R) (Reserved)

(S) (Reserved)

(T) (Reserved)

(U) (Reserved)

(V) (Reserved)

(W) (Reserved)

(X) This subsection sets forth requirements in addition to 40 CFR Part 264 Subpart X incorporated in this rule.

1. A facility which continuously feeds hazardous waste into the treatment process shall be equipped with an automatic waste feed cutoff or a bypass system that is activated when a malfunction in the treatment process occurs. A bypass system shall return hazardous wastefeed to storage and shall not allow a discharge or release of hazardous waste.

2. Residuals of by-products from a treatment process (for example, sludges, spent resins) shall be analyzed during a trial period to determine the effectiveness of the treatment process.

(Y) (Reserved)

(Z) (Reserved)

(AA) Air Emission Standards for Process Vents. (Reserved)

(BB) Air Emission Standards for Equipment Leaks. (Reserved)

Auth: sections 260.370 RSMo (Cum. Supp. 1990) and 260.437, RSMo (1986). Original rule filed Dec. 16, 1985, effective Oct. 1, 1986. Amended: Filed Aug. 14, 1986, effective Jan. 1, 1987. Amended: Filed Feb. 3, 1987, effective Aug. 1, 1987. Amended: Filed Dec. 1, 1987, effective Aug. 12, 1988. Amended: Filed Feb. 16, 1990, effective Dec. 31, 1990. Amended: Filed Jan. 15, 1991, effective Aug. 1, 1991.

10 CSR 25-7.265 Interim Status Standards for Owners and Operators of Hazardous Waste Treatment, Storage and Disposal Facilities

PURPOSE: This rule incorporates 40 CFR Part 265 by reference and sets forth additional state standards.

Editor's Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the

WCI*

Burns & McDonnell

ENGINEERS - ARCHITECTS - CONSULTANTS

Remittance Address
POST OFFICE BOX 411803
KANSAS CITY, MISSOURI 64141-1803

Correspondence Address
1800 EAST 43rd STREET
POST OFFICE BOX 411873
KANSAS CITY, MISSOURI 64141-8773
TELEPHONE 816-333-4375

Kerr-McGee Chemical Corporation
Attn: Mr. N. Böck
Kerr-McGee Center
P.O. Box 25851
Oklahoma City, OK 73125

February 21, 1992

Project 91-352-4-001
Invoice No. 1

Engineering services in connection with Health Profile, Kansas City, Missouri Facility, in accordance with terms of Agreement dated November 13, 1991.

Time 11/2/91 thru 01/31/92

LABOR

LABOR CLASSIFICATION	LEVEL	REG RATE	REG HOURS	AMOUNT
Associate	10	90.50	2	181.00
Senior	13	80.50	57	4,588.50
Technician	05	27.00	14	378.00
TOTAL LABOR			73	5,147.50

EXPENSE

See attached

64.40

TOTAL AMOUNT DUE

5,211.90 FEB 24 1992

Agreed Maximum \$14,370.00
Total Billed To Date \$5,211.90
\$9,158.10

TERMS: PAYABLE UPON RECEIPT
LATE PAYMENT CHARGE AFTER 30 DAYS

PLEASE RETURN ATTACHED COPY OF
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By *[Signature]*
Burns & McDonnell



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Checked by *[Signature]*

PAGE 1

SUPPORTING DETAIL

12 31 91

91 582 4 OUT DO
KERRCHEM

RES	HRS	PR-NO	NAME	LEVEL	CLASSIFICATION
2		0 00275	J MELLE	14	ASSOCIATE
47		0 02996	S MEEK	13	SENIOR
1		0 03004	S LEWIS	05	TECHNICIAN
6		0 03029	P PRIMA	05	TECHNICIAN
56					

DI	DESCRIPTION OF EXPENSE ITEMS	COST	NET AMOUNT
36	PHOTOCOPY	0.56	0.56
97	MLGE CO AUTO	5.22	5.22
	TOTAL	5.78	5.78

WGL/2394

PAGE 1* SUPPORTING DETAIL 01-31-92 .91 382 4 001 00
KERRCHEM

REG	HRS	PREH	HR	PR	NO	NAME	LEVEL	CLASSIFICATION
10		0	02996	5		MEEK	13	SENIOR
7		0	03009	5		LEWIS	05	TECHNICIAN
17		0						

OT	DESCRIPTION OF EXPENSE ITEMS	COST	NET AMOUNT
36	PHOTOCOPY	0.32	0.32
38	COMPUTER W/HSE	58.30	58.30
	TOTAL	58.62	58.62

WC1

Burns & McDonnell
ENGINEERS ARCHITECTS CONSULTANTS

Remittance Address
POST OFFICE BOX 411883
KANSAS CITY, MISSOURI 64141-1883

Correspondence Address
4800 EAST 83RD STREET
POST OFFICE BOX 419173
KANSAS CITY, MISSOURI 64141-9173
TELEPHONE 816-333-4375

March 20, 1992

Project 91-382-4-001
Invoice No. 7

Kerr-McGee Chemical Corporation
Attn Dr John Gibb
Kerr-McGee Center
P O Box 25861
Oklahoma City OK 73125

Engineering services in connection with Health Profile, Kansas City,
Missouri Facility. In accordance with terms of Agreement dated
November 13, 1991:

From 10/2/91 To 02/29/92

LABOR

LABOR	REC.	HR.	AMOUNT
CLASSIFICATION	LEVEL	RAU	
Senior	11	80.50	322.00
TOTAL LABOR			322.00

EXPENSE

No expense 0.00

TOTAL AMOUNT DUE \$322.00

Agreed May 1991 \$14,570.00
Total Bill to Date \$5,511.00
\$9,059.00

TERMS: PAY WITH 15% DEPOSIT
LATE PAYMENT CHARGE AFTER 30 DAYS

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By *Merrill L. Beach*



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PAGE 1 SUPPORTING DETAIL

02-29 92

91.382.4 001.00
KERRCHEM

<u>REG</u>	<u>HRS</u>	<u>PREM</u>	<u>HR</u>	<u>PR-NO</u>	<u>NAME</u>	<u>LEVEL</u>	<u>CLASSIFICATION</u>
4		0	02990	S	WEEK	13	SENIOR
		0					

OT DESCRIPTION OF EXPENSE ITEMS

COST

NET
AMOUNT

TOTAL

WC1

Burns & McDonnell

ENGINEERS - ARCHITECTS - CONSULTANTS

Remittance Address
POST OFFICE BOX 411883
KANSAS CITY, MISSOURI 64141-1883

Correspondence Address
4800 EAST 63rd STREET
POST OFFICE BOX 419173
KANSAS CITY, MISSOURI 64141-0173
TELEPHONE 816-333 4375

July 31, 1992

Project 91-382-4-001
Invoice No. 3

Kerr-McGee Chemical Corporation
Attn Dr John Gibb
Kerr-McGee Center
P O Box 25861
Oklahoma City OK 73125

Engineering services in connection with Health Profile, Kansas City,
Missouri Facility, in accordance with terms of Agreement dated
November 13, 1991;

Time (03/01/92 thru 04/30/92)

LABOR

LABOR CLASSIFICATION	LEVEL	REG RATE	REG HOURS	AMOUNT
Associate	14	90.50	1	90.50
Senior	13	80.50	27	2,173.50
Staff	10	60.00	53	3,180.00
Assistant	09	57.00	16	912.00
Technician	06	33.00	5	165.00
	05	27.00	12	324.00
TOTAL LABOR			114	6,845.00

EXPENSE

See attached

2,135.43

TOTAL AMOUNT DUE

\$9,010.43

Agreed Maximum \$19,570.00
Total Billed To Date 18,564.33
\$5.67

TERMS: PAYABLE UPON RECEIPT
PAID PAYMENT CHECK AFTER 30 DAYS

PLEASE RETURN ATTACHED COPY OF
INVOICE WITH REMITTANCE

Certified Correct and
Paid Not Received
By *Shirley A. Peach*
Burns & McDonnell



Checked by _____

401/2394

PAGE 1 SUPPORTING DETAIL

03 31 92 91 382 4 001 00
KERREHEM

REG	HRS	PREM	HR	PR-NO	NAME	LEVEL	CLASSIFICATION
4		0	02496	S	MEEK	13	SENIOR

4 0

OT	DESCRIPTION OF EXPENSE ITEMS	COST	NET AMOUNT
36	PHOTOCOPY	42.97	42.97
84	L/D TELEPHONE	0.27	0.27
89	PROF SERVICES	1,632.50	1,877.38

15.0% MARK UP

TOTAL

1,675.74

1,920.62



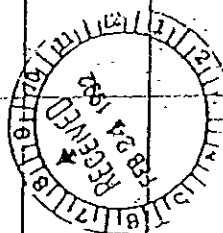
MISSOURI DEPARTMENT OF HEALTH
DOCUMENT INVOICE

3/2

No. 17902

PAYMENT DUE UPON RECEIPT COPY OF INVOICE MUST ACCOMPANY PAYMENT		RETURN TO: MISSOURI DEPARTMENT OF HEALTH ATTN: FEE RECEIPT UNIT P.O. BOX 370 JEFFERSON CITY, MISSOURI 65102	
MAKE CHECK PAYABLE TO: MISSOURI DEPARTMENT OF HEALTH			
REQUESTED BY Stephen L. Meek Burns and McDonnell		PROVIDED (ORIGINATING UNIT) BY Sandra Stewart State Center for Health Stats. Missouri Department of Health	
ADDRESS (STREET AND NUMBER) P O Box 419173		PHONE 751-6278	
CITY Kansas City	STATE MO	ZIP CODE 64141-6173	DATE REQUESTED 1-3-92
		DATE PROVIDED 2-18-92	

ITEM	QTY.	DESCRIPTION	UNIT COST	TOTAL
PUBLICA- TIONS				
LABELS/ LISTS		Kerr-Chen Health Profile Data		
OTHER MEDIA				
COPY			15/copy	



COMMENTS <i>Received 2/21/92 - 1 Meek at J. Meek 91-382-1-001 2/25/92</i>	FILE AC FEES	720.00
	SHIPPING AND HANDLING	2.50
	PERSONNEL TIME @ \$15/HR	910.00
PAY THIS AMOUNT		\$ 1,632.50

WCI/2394

PAGE 1 SUPPORTING DETAIL

04 30 92

91 382 4 001 00
KERRCHEM

REG	HRS	PREM	HR	PR-NO	NAME	LEVEL	CLASSIFICATION
1		0	00275	J	MELLE	14	ASSOCIATE
23		0	02993	S	MEEK	15	SENIOR
53		0	03054	D	SNODG	10	STAFF
16		0	00072	R	KREY	09	ASSISTANT
3		0	01062	S	HENRY	06	TECHNICIAN
2		0	02975	R	FRANK	06	TECHNICIAN
3		1	03005	S	LEWIS	05	TECHNICIAN
4		0	03759	J	WILSO	05	TECHNICIAN
0		0	03229	K	SHART	05	TECHNICIAN

109

A 1

OT	DESCRIPTION OF EXPENSE ITEMS	COST	NET AMOUNT
36	PHOTOCOPY	1.70	1.76
36	COMPUTER M/HSE	175.36	175.36
87	PUBLICATIONS	64.70	71.17
97	HLGE CO AUTO	15.52	15.52
	TOTAL	258.34	264.81

APPENDIX E

NATALITY DATA

(Selected Characteristics
and Fetal Deaths)

QR Review - Review of Reports and Studies

1. Assignment

To: Athena Dryden, JIM MELLE
From: _____ (Project Manager) Date: 5/7/92
Return to: Steve Meek Return By: J.J.

Project Abbreviation: Kerr Chem
Project Number: 91-382-4-001 Activity Number: QR
Report/Study Title: Health Profile for Forest Products Division Facility, Ken-Mo Chemical Corporation, KC Mo

Please note that the following review processes have been used for the complete text:

☐ Spell check (mandatory) ☐ Grammatical Check ☐ Format Check

2. Review

Requested Scope of Review:

☒ Full Report

☐ Section(s) _____

☐ _____

Review Completed

Review Required By:*

- ☐ Engineering & Science
☐ Environ. Audits & Waste Min.
☐ Geoscience
☐ Health & Safety
☐ Remediation & Design
☐ Solid Waste
☐ UST

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☐ ☐

☒ John E. Edson
☒ General

☒ ☐

☒ ☐

Athena S. Dard 5/10/92
John C. Ruf 5/18/92

3. Approval for Reproduction

I have reviewed the corrected version of this document, and all indicated comments have been resolved; the subject document is approved for reproduction.

Division Approval (only one required)

Paul Hustad

John Ruf

*Group Manager

* Only when Division Officer is not available

Signature (Project Manager)

Date

Date

Date

Date

cc: _____ Repro Dept./Div. Dir. QC _____ Group Manager

Reviewer: A. Dryden

- * An observation is a suggested comment or change.
- ** A finding is a recommended comment or change. It requires a response, which shall be noted under "Action Taken".

QR Review - Review of Reports and Studies

1. Assignment

To: Charles Colbert, Jim Mellen
From: Steve Meek (Project Manager) Date: 5/6/92
Return to: _____ Return By: 5/6/92

Project Abbreviation: Kerrchem
Project No.: M 91 382 4 001 Activity No.: _____
Report/Study Title: Health Profile For Forest Products
Facility Kerr-McGee Chemical Corporation - KCMO

Please note that the following review processes have been used for the complete text:

☐ Spell check (mandatory) ☐ Grammatical Check ☐ Format Check

(not done)

2. Review

Requested Scope of Review:

☒ Full Report

Review Completed

☐ Section(s) _____

☐ _____

Comments

Signature

Date

Review Required By:

☐ Engineering & Science

☐ Environ. Audits & Waste Min.

☐ Geoscience

☒ Health & Safety

☐ Remediation & Design

☐ Solid Waste

☐ UST

☐ _____

☐ _____

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Charles R Colbert 5/6/92

3. Approval for Reproduction

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Signature (Project Manager)

Date

Division Approval (only one required)

Paul Hustad

Date

John Ruf

Date

* Group Manager

Date

* Only when Division officer is not available.

cc: _____

Repro. Dept/Div. Dir. QC

Group Manager

QR Review - Review of Reports and Studies
 (Continuation Sheet)

TC = Table of Contents

Date 5/6/92

Project Number: M 91 582 4-001
 Reviewer: C. Colbert

Fig., Table, Sect., Or Page No.	Comnt. No.	Comments	Obsv. *	Find. **	Action Taken	By (Init.)
		I assume various correction already marked will be made & checked for completion.				
TC-1	1	May want to put in Subheadings.	✓		Incorp Subs	SM
	2	Double Space Appendices	✓		Noted	"
TC-2	3	Leave out where figures are--they'll find them		✓	Revised	"
TC-3	4	Same		✓	"	"
1	5a	Switch order of phrases ^{Last sentence} 2nd ¶	✓		"	"
1	5b	Sub headings should have decimal point		✓	"	"
3	6	Number Sub-headings		✓	"	"
		2.1 Selection of Study Area		✓	"	"
4	7	2.2 Hazardous Substances		✓	"	"
5	8	Appendix A attached		✓	NOTED	"
5	9	Change Sub-heading		✓	Revised	"
6	10	add Decimal to Subheadings		✓	"	"
		Change TC		✓	"	"
7	11	lose colon, put decimal numbers by sub-headings		✓	"	"
	12	change TC, Appendix B not here			"/NOTED	"
8	13	Same				
8	14	Appendix C not attached		✓	NOTED	"
8	15	Appendix D not attached		✓	"	"
9	16	Appendix E not attached		✓	"	"
9	17	Various changes for clarity		✓	REVISED	"
10	18	Put Nos. on subheadings, Put subheadings in TC, lose colon		✓	"	"

Comnt. - Comment

- * An observation is a suggested comment or change.
- ** A finding is a recommended comment or change. It requires a response, which shall be noted under "Action Taken".

QR Review - Review of Reports and Studies
(Continuation Sheet)

Date 5/6/92

Project No.: M 91 382-4-001
Reviewer: Charles Colbert

Fig., Table, Sect., Or Page No.	Cmnt. No.	Comments	Obsv.	Find.	Action Taken	By (Init.)
10	19	Put space in before Respiratory Cancer Subheading		✓	Revised	SM
11		Put numbers on subheadings Put Subheadings in TC,		✓	"	"
11	20	PAH or PAHs see page 4 -	✓		Noted	"
12		Socioeconomic status "because" instead of "since"		✓	Noted	"
Table 6	21	Anomalies misspelled		✓	Revised	"
13	22	6th line comma out of place		✓	"	"
13	23	10th line delete "for"		✓	"	"
13	24	causative instead of one-to-one delete next "causative"	✓		Noted	"
REF-1	25	I would indent whole citation & single space - it looks odd somehow	✓		Noted	"
Fig. 1	26	Pretty busy & faint, Forest products needs a little white out	✓		Noted	"
Fig. 2	27	Handwritten "Note:..." needs to be CAD'd in, white out magic on " Forest Products Div. Facility"			Revised	"
Fig 3	28	Wavy bottom border pretty faint		✓	"	"
Fig. 4	29	Same - White Out on Forest Products Extraneous lines.		✓	"	"

Cmnt.' - Comment

- * An observation is a suggested comment or change.
- ** A finding is a recommended comment or change. It requires a response, which shall be noted under "Action Taken".

Reviewer: C. Colbert

- * An observation is a suggested comment or change.
- ** A finding is a recommended comment or change. It requires a response, which shall be noted under "Action Taken".